

for Social Security Disability Insurance benefits and Medicare coverage to all eligible Americans.

Forcing Americans to wait 5 months to begin cash benefits and then another 24 months for Medicare coverage is a dangerous policy. In many cases, applicants have little or no income while they are waiting for government benefits to begin. We should not be forcing someone with stage-4 breast cancer or Huntington's Disease or any of the disabilities or diseases that qualify a person for Social Security Disability Insurance to wait to receive benefits. Those who have been determined eligible are American workers who have paid into the Social Security system throughout their lives. We have an obligation to assist Americans in their time of need in a timely manner. When a person receives a diagnosis, bills do not wait 5 months to be paid, healthcare costs are not put on hold for 2 years. Their rent, their utilities, their healthcare copayments come due immediately. Therefore, the benefits these American workers have paid for through their Social Security contributions should be made available to them when they are found eligible.

I would again like to congratulate the senior Senator from Rhode Island. His bill is an important step forward for people with ALS and for all people eligible for SSDI benefits. Let's use this moment to move forward and make comprehensive change to the way we administer SSDI benefits to all eligible Americans with disabilities. Every eligible applicant continues to have essential expenses and needs the cash benefits and healthcare coverage provided by Medicare.

My bill, S. 2496, the Stop the Wait Act, would eliminate the waiting periods for those eligible for SSDI benefits, regardless of diagnosis. It would eliminate the 5-month waiting period for SSDI benefits, and it would eliminate the 24-month waiting period for Medicare coverage. It would help keep people from slipping in to poverty and would ensure they have healthcare coverage.

Today, let's celebrate the policy victory and the great work Senator WHITEHOUSE has accomplished to improve the lives of Americans with ALS. Tomorrow and for the days to come, let's work to secure that victory for all Americans who are eligible for SSDI. They cannot wait.

PAID ACT

Mr. SCOTT of South Carolina. Mr. President, yesterday, the Provide Accurate Information Directly, PAID Act took a pivotal step closer to becoming law. Once enacted, this vital legislation, which I had the privilege of co-authoring with Senator Cardin, will save tens of millions of taxpayer dollars through targeted and common-sense updates to the Medicare secondary payer, MSP, statute, which Congress first codified four decades

ago. The PAID Act aims to ensure that the Centers for Medicare & Medicaid Services, CMS, in coordinating claims related to Medicare Advantage MA, or Medicare Part D plans, can provide the information needed for settling parties to resolve claims fairly and efficiently.

In short, this bill is a boon for seniors, Main Street job creators, and the American taxpayer.

As this bill approaches the legislative finish line, I would like to thank Chairman GRASSLEY for his invaluable support in working with my office, as well as with our Democratic counterparts and with CMS, to bolster, refine, and identify legislative avenues for our proposal. I would also like to thank Senator CARDIN for his partnership in co-leading this legislation, along with Representatives KIND and BILIRAKIS, who introduced a companion bill in the House, which passed by voice vote yesterday. Together, I feel confident that we can see the PAID Act signed into law by the end of the year.

Congress amended the MSP statute in 2007 to require parties to a dispute—known as primary plans—to report settlements, judgments, and awards to Medicare through so-called section 111 reports. This amendment allowed Medicare to seek recovery from settling parties when Medicare paid for healthcare because other payment was not available or reasonably expected to be available. While this system has functioned well for the Medicare Fee-for-Service program, where CMS has the claims data needed for recovery, it has not worked successfully for the MA Part C and Part D programs, where CMS does not have the requisite Part C and Part D claims data and cannot recover for payments that have been made. To compound the problem, settling parties are often unable to identify the correct Part C or Part D plan to be able to coordinate benefits, should they choose to do so. This legislation closes that critical information by having CMS communicate the Part C and Part D plan identification to settling parties in response to a section 111 report. CMS has that data and can provide it.

Congress recognizes that for the last 8 years, CMS has provided section 111 reports to the Part C and Part D Plans, and Congress expects that CMS will continue to do so after this legislation is enacted. Further, the existing MSP statute and regulations impose specific requirements on CMS, and on Part C and Part D plans, to pay for claims in some situations, to not pay for claims in other situations, and to pursue recovery of claims when appropriate. Nothing in this legislation is intended to change any of those obligations or requirements, and Congress expects Part C and Part D plans to continue to seek recovery of claims by timely notifying settling parties when a payment has been made that should be reimbursed, consistent with the CMS notice procedures. This legislation is only intended to provide more information to

the settling parties so that they have the ability to coordinate with Part C and Part D plans earlier, if they so choose.

Congress has afforded CMS 12 months to implement this law, and we urge the agency to move with all deliberate speed to both implement its own system changes and coordinate with primary plans throughout the implementation process. Regular communication and coordination will prove critical in ensuring that Primary Plans are aware of the data exchange requirements that CMS plans to implement and are prepared as quickly as possible to utilize the data CMS will be providing under this law. By involving all stakeholders throughout the implementation process, CMS can implement our intent that the needed plan identity information be available for parties to coordinate benefits as efficiently as possible.

ADDITIONAL STATEMENTS

RECOGNIZING BAYSHORE FIT

• Mr. RUBIO. Mr. President, as chairman of the Senate Committee on Small Business and Entrepreneurship, each week I recognize a small business that exemplifies the American entrepreneurial spirit at the heart of our country. It is my privilege to recognize a family-owned small business that promotes American health and wellness by operating a gym and fitness business. This week, it is my pleasure to recognize Bayshore Fit of Tampa, FL, as the Senate Small Business of the Week.

In 2012, partners Jeff Fink and Beth Scanlan founded Bayshore Fit in Tampa, FL. Both Jeff and Beth had years of experience training for marathons, bodybuilding, and fitness competitions. Together, they created a gym that met the demand for a personalized alternative to large national gym chains. Jeff and Beth focused on helping every customer meet their health goals, developing a family-friendly, relationship-driven business. As their client base grew, they quickly moved their gym into a larger facility.

Today, Bayshore Fit continues to serve the Tampa area, with members ranging from first-time gym attendees to senior citizens and even professional athletes. The gym has been featured in local media, recognizing their significant membership growth and continued emphasis on personalized programs.

Bayshore Fit's emphasis on healthy living extends to their philanthropic endeavors. They are involved with the South Tampa Chamber of Commerce and the Westshore Alliance in Tampa's Westshore business district. For more than 8 years, Bayshore Fit has sponsored local youth sports teams. They regularly support local nonprofit organizations, including Frameworks of Tampa Bay, Inc., which fosters youth social and emotional development.

Like many of Florida's small businesses, Bayshore Fit temporarily